|   | PAIENI   |   | 09/985743                  |                                   |              |                  |     |  |                        |         |                     |                        |  |
|---|--|---|----------------------------|-----------------------------------|--------------|------------------|-----|--|------------------------|---------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I<br>(Column 1)  |  |   |                            |                                   |              | (Column 2)       |     | SMALL ENTITY TYPE                                |                        |         | OTHER THAN          |                        |  |
| TOTAL CLAIMS  |  |   |                            |                                   |              |                  | R/  | RATE FEE   |                        | 1       | RATE                | FEE                    |  |
| FOR   |  |   | NUMBER FILED               |                                   | NUMBER EXTRA |                  | BAS | C FEI  | \$385                  | OR      | BASIC FEE           | \$770                  |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | minus 20=                  |                                   | •            |                  | X   | X\$ 9=   |                        | OR      | X\$18=              |                        |  |
| INDEPENDENT CLAIMS  |  |   | minus 3 =                  |                                   | •            | •                |     | X43 =  |                        | OR      | X86=                |                        |  |
| Mi  | ILTIPLE CEPEN  | IDENT CLAIM P                             | RESENT .                   |                                   |              |                  | +1  | +145=  |                        | OR      | +290=               |                        |  |
| 4 [[  | the difference   | less than ze                              | ss than zero, enter "0" ir |                                   | column 2     | n 2 TOTAL        |     | <del>                                     </del> | OR                     | TOTAL   |                     |                        |  |
| CLAIMS AS AMENDED - PART II   |  |   |                            |                                   |              |                  | ew. | A 1 1 A  | ENTITY                 | OR      | OTHER<br>SMALL      |                        |  |
| _   |  | (Column 1)<br>CLAIMS                      | (Colun                     |                                   |              |                  | J   |  | ADDI-                  |         | Omnice.             | ADDI-                  |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |                            | PREVIO<br>PAID I                  | USLY         | PRESENT<br>EXTRA | RA  | TE   | TIONAL                 |         | RATE                | TIONAL<br>FEE          |  |
| Ž<br>Q<br>Z   | Total  | <u>وا</u> •                               | Minus                      | . J                               | (٤)          |                  | X\$ | 9=   | · .                    | OR      | X\$18=              |                        |  |
| AME   | independent  |   |                            |                                   | 4            | <u> -</u>        | X4  | 3=_  |                        | OR      | X86=                |                        |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                            |                                   |              |                  |     | 5-   |                        | OR      | +246-               |                        |  |
|   | 1 JM   |   |                            |                                   |              |                  |     | OTAL<br>FEE                                      |                        | OR      | TOTAL<br>ADOIT: FEE |                        |  |
| 0   | 240  | (Column 1) (Column 2) (Column 3)          |                            |                                   |              |                  |     |  |                        |         |                     |                        |  |
| AMENDMENT: .  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | HIGH<br>NUM<br>PREVIO<br>PAID I   | BER          | PRESENT<br>EXTRA | RA  | ΤE   | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 15                                      | Minus                      | -2                                | U_           | . —              | xs  | 9=   |                        | OR      | X\$18=              |                        |  |
|   | Independent  | .4  | Minus                      | ٠,, ۷                             |              | 5                | X4  | 3.   |                        | OR      | X8 <b>6=</b>        |                        |  |
|   | FIRST PRESE  | NTATION OF MI                             | RTIPLE DEPENDENT           |                                   | CLAIM        |                  | +14 | 5=   |                        | OR      | +2¶0=               |                        |  |
| . •   |  |   |                            |                                   |              |                  |     | OTAL<br>FEE                                      |                        | OR      | TOTAL<br>ADDIT. FEE |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                            |                                   |              |                  |     |  |                        |         |                     |                        |  |
| -AMENDIMENT!  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                            | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>BUSLY | PRESENT<br>EXTRA | RA  | ΓE   | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| MON   | Total  | . 15                                      | Minus                      |                                   | 20           | . —              | X\$ | 9=   |                        | OR      | X\$18=              | ·                      |  |
| AME   | Independent  | . 4                                       | Minus .                    | ese<br>VENDENT                    | 4            | -                | X4  | =  |                        | OR      | X86=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                            |                                   |              |                  | +14 | <u>,                                    </u>     |                        | OR      | +290=               |                        |  |
| • [   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |   |                            |                                   |              |                  |     |  |                        | ∪B<br>[ | TOTAL               |                        |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, anter "20. ADDIT, FEE ADDIT, FEE ADDIT, FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                            |                                   |              |                  |     |  |                        |         |                     |                        |  |
| Peters and "insertank Chice, U.S. DEPARTMENT OF COMMERCE  |  |   |                            |                                   |              |                  |     |  |                        |         |                     | COLIVERCE              |  |

Application or Docket Number